



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

RECEIVED

OCT 01 2007

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

FOR OFFICE USE ONLY

CHANGE No. CG3-28181C WRIA b2  
DATE ACCEPTED 10/02/07 BY K. Rgf  
FEE \$ 50.00 REC'D 10/01/2007  
CHECK No. 10328  
SEPA: ☒ Exempt ☐ Not exempt  
Pend Oreille Co.

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <u>LEWORA SEWER AND WATER DISTRICT</u>	PHONE NO. ( )	FAX NO. ( )
ADDRESS <u>1091 LEWORA DRIVE</u>		
CITY <u>USK</u>	STATE <u>WA</u>	ZIP CODE <u>99180</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. ( )	FAX NO. ( )
ADDRESS		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <u>G3-28181C</u>	RECORDED NAME(S) <u>SOFTBALL UNLIMITED INC.</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

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APP. NO. G3-28181 PERMIT NO. P CERT. NO. C CERT. OF CHANGE NO. \_\_\_\_\_



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A WELL #1		SW	SE	4	32	44E		

#### B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
2 WELLS #2		N 1/2	NE	9	32	44E		
#3		N 1/2	NE	9	32	44E		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
DOMESTIC SUPPLY RECREATIONAL FACILITY	13 GPM	20	CONTINUOUS

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
MUNICIPAL SUPPLY SEE ATTACHED 7	13 GPM	20	CONTINUOUS

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
SEE ATTACHMENT 1, 1A, AND 1B							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			32	44	PEND OREILLE		40+

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
SEE ATTACHMENTS 5, 5A, 5B, 5C, 5D, AND 6, 7							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			32	44	PEND OREILLE		136+

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):  
G3-28732, S3-28153C, S3-29476

6. Remarks and Other Relevant Information:

CON: THIS APPLICATION FOR CHANGE IS TO CONSOLIDATE  
ALL WATER RIGHTS INTO 1 SYSTEM FOR THE DEVELOPMENT  
WITHIN THE BOUNDARIES OF THE LENOXA SELZER AND  
WATER SYSTEM.  
CHANGE FROM COMMUNITY DOMESTIC SUPPLY TO MUNICIPAL SUPPLY

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

1. [Signature] 8/18/07  
2. [Signature] (Date)  
3. [Signature]  
\* [Signature] (Applicant)

SOFTBALL UNLIMITED INC.  
[Signature] 8/27/07  
[Signature] PRES (Date)  
(Water Right Holder)

\_\_\_\_\_  
(Land Owner(s) of Existing Place of Use) \_\_\_\_\_  
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



ATTACHMENT FOR  
APPLICATION FOR CHANGE

**Point(s) of Diversion/Withdrawal** - ☐ Existing ☐ Proposed:

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
#1 WELL				4				
#2 WELL				9				
#3 WELL				9				

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:[illegible]Place of Use - ☐ Existing ☐ Proposed:[illegible]

*If you require this document in an alternate format, please contact the Water Resources Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.*